Ejaculation Disorders

Ejaculation—The Long and Short of It

Reviewed by Jacob Rajfer, MD
Department of Urology, University of California at Los Angeles, Los Angeles, CA

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Tramadol HCL Has Promise in On-Demand Use to Treat Premature Ejaculation

Salem EA, Wilson SK, Bissada NK, et al.

J Sex Med. 2008;5:188-193.

During the past decade, the majority of investigative studies related to sexual dysfunction have revolved around erectile dysfunction (ED). Very little attention has been paid to one of the stepsisters of ED, disorders of ejaculation. This is surprising because the only sexual disorder more common than ED is premature ejaculation. It is estimated that about 33% of men complain of premature or early ejaculation and, unlike ED, it is not age related—there is a high prevalence regardless of age. Although the mechanisms involved in the ejaculatory process are well known, what causes a man to have an early ejaculation response remains a mystery. Some have hypothesized that because so many men have this physiologic complaint, early ejaculation may not be a disorder at all and may represent normal function for many men. However, many men seek treatment for this condition. Thus, there seems to be a clinical need for a regimen that would allow some men to prolong their time to ejaculation.

At present, there are no US Food and Drug Administration–approved drugs to treat this complaint. Anecdotal reports support the clinical observations of many investigators and clinicians that selective serotonin reuptake inhibitors (SSRIs) can delay ejaculatory time, although there are no randomized, controlled trials to unequivocally support this contention. SSRIs, although potentially effective for some men with early or premature ejaculation, do come with a host of side effects (some sexual), and the timing as to when to take these drugs to prevent the ejaculatory dysfunction is debatable. Recently, there was an anecdotal report that tramadol, an anti-inflammatory agent with minimal side effects, was effective at the 50-mg oral dose in improving ejaculatory function when taken 1 to 2 hours prior to sexual activity.[1] To this end, Salem and colleagues recently published a report on their single-blind, placebo-controlled, crossover study on 60 patients with documented early or premature ejaculation using 25 mg of tramadol. They showed that the drug improved intravaginal ejaculation latency time by more than 5 minutes. Based on their observations, the authors concluded that 25 mg of tramadol taken orally 1 to 2 hours prior to sexual activity should replace SSRIs as the standard first-line treatment of men with early or premature ejaculation. ■

Reference

1. Safarinejad MR, Hosseini SY. Safety and efficacy of tramadol in the treatment of premature ejaculation: a double-blind, placebo-controlled, fixed-dose, randomized study. *J Clin Psychopharmacol.* 2006;26:27-31.

Incontinence

Stress Incontinence and Prolapse Therapy Assessment

Reviewed by Dmitriy Nikolavsky, MD, Michael B. Chancellor, MD
Department of Urology, William Beaumont Hospital, Royal Oak, MI

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Over 200 million people worldwide have urinary incontinence. The most common type of urinary incontinence is stress urinary incontinence (SUI); increasing parity, advanced age, and obesity are known risks for acquiring the condition. Trauma to the pelvic floor musculature, connective tissue, or nerves later in life becomes the most important risk factor for development of SUI. The following studies examine outcomes of surgical treatments of SUI.

Two-Year Outcomes After Surgery for Stress Urinary Incontinence in Older Compared With Younger Women

Richter HE, Goode PS, Brubaker L, et al.

Obstet Gynecol. 2008;112:621-629.

This prospective analysis of the Stress Incontinence Surgical Treatment Efficacy Trial (SISTEr) aimed to determine whether age may affect perioperative and postoperative